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CONFIRMATION NO. 9396

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/514,245	02/28/2000	424	1648	065691/0176
	RULE			

APPLICANTS

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Roland Cariolet, Ploufragan, FRANCE;
Francois Madec, Saint-Brieuc, FRANCE;

** CONTINUING DATA *****

This application is a CIP of PCT/FR98/02634.12/04/1998

** FOREIGN APPLICATIONS *****

FRANCE 97/15396 12/05/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/27/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 29	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

22428

TITLE

CIRCOVIRUS SEQUENCES ASSOCIATED WITH PIGLET WEIGHT LOSS DISEASE (PWD)

FILING FEE RECEIVED 2388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Washington, D.C. 20231

SERIAL NUMBER 09/514,245	FILING DATE 02/28/2000 RULE -	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 065691/0176
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>AS</u> Initials: _____				

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Patricia D Grandos
Foley & Lardner
Washington Harbour
3000 K Street N W Suite 300
Washington, DC 20007-5109

TITLE

Circovirus sequences associated with piglet weight loss disease (PWD)

FILING FEE RECEIVED 1632	FEES: Authority has been given in Part No. _____ to charge/credit DEPGIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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